



Concord Recreation
 90 Stow St.
 Concord, MA 01742
 Phone (978)369-6460
 Fax (978)369-9403
 www.concordsummercamps.com

**PRESCHOOL ADVENTURES AND
 KALEIDOSCOPE— 2015
 CONCORD RECREATION**
 Licensed by the Concord Board of Health

Name: _____ M/F: _____ D.O.B. _____

Address: _____ Town: _____ Zip: _____

Age (at time of registration): _____ Grade entering Fall 2015: _____ Parents' Name: _____

Home # _____ Work # _____

Cell # _____ Email _____

Special Accommodations/Medications/Allergies, etc: _____

Camp Dates
 Week 1 June 29th-July 3*
 Week 2 July 6th-July 10th
 Week 3 July 13th-July 17th
 Week 4 July 20th-July 24th
 Week 5 July 27th-July 31st
 Week 6 August 3rd-August 7th
 Week 7 August 10th-August 14th

 *No Camp July 3rd

Preschool Adventures
 (ages 3 and 4)
 Week 1 _____ \$212
 Week 2 _____ \$265
 Week 3 _____ \$265
 Week 4 _____ \$265
 Week 5 _____ \$265
 Week 6 _____ \$265
 Week 7 _____ \$265

Kaleidoscope
 (Entering K & 1)
 Week 1 _____ \$212
 Week 2 _____ \$265
 Week 3 _____ \$265
 Week 4 _____ \$265
 Week 5 _____ \$265
 Week 6 _____ \$265
 Week 7 _____ \$265

Camp Hours: 9:00-12:30
Location: Harvey Wheeler

CAMP NOTES:
 1) **15%** second child discount applied to equal or lesser priced camp (Must be enrolled in the same week of camp)
 2) Payment plans are available
 3) Full payment must be received by **June 19th**
 4) \$25 non refundable fee applied to each week of camp. For the refund/withdrawal policy please contact us
 5) Late fee of **\$15.00** added to all registrations that are received after 3pm the Thursday before a new camp week

SEND A CHILD TO CAMP- We are inviting families to contribute to our camp scholarship fund. If you would like to contribute, please check an amount and the total will be added to your payment. Thank you.
 \$5 _____ \$10 _____ \$15 _____ \$25 _____ \$50 _____ other _____

Exp. Date / Credit Card Master Card Visa Check

Name on card _____ Signature: _____

Amount enclosed (50% deposit due upon registration): _____ Date: _____